

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>10/749,538</td> </tr> <tr> <td>Filing Date</td> <td>December 30, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Akito NAKAMIJURA</td> </tr> <tr> <td>Title</td> <td>REMEDIES FOR MYELOMA TO BE USED TOGETHER WITH NITROGEN MUSTARD ANTITUMOR AGENTS.</td> </tr> <tr> <td>Art Unit</td> <td>1642</td> </tr> <tr> <td>Examiner Name</td> <td>M. Yu</td> </tr> <tr> <td>Attorney Docket No.</td> <td>350292000402</td> </tr> </table>	Application Number	10/749,538	Filing Date	December 30, 2003	First Named Inventor	Akito NAKAMIJURA	Title	REMEDIES FOR MYELOMA TO BE USED TOGETHER WITH NITROGEN MUSTARD ANTITUMOR AGENTS.	Art Unit	1642	Examiner Name	M. Yu	Attorney Docket No.	350292000402
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<p>I hereby revoke all previous powers of attorney given in the above-identified application.</p>															
<p><input type="checkbox"/> A Power of Attorney is submitted herewith. OR</p> <p><input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <div style="border: 1px solid black; width: 150px; height: 30px; margin-left: 500px; text-align: center; line-height: 30px;">25225</div> <p>OR</p> <p><input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> <th style="width: 30%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number										
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<p>Please recognize or change the correspondence address for the above-identified application to:</p> <p><input type="checkbox"/> The address associated with the above-mentioned Customer Number. OR</p> <p><input type="checkbox"/> The address associated with Customer Number: </p> <p>OR</p> <p><input type="checkbox"/> Firm or Individual Name: </p>															
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City: 	State: 	Zip: 													
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<p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor. OR</p> <p><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/98) submitted herewith or filed on _____</p>															
<p>SIGNATURE OF Applicant or Assignee of Record</p>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature: </td> <td style="width: 50%;">Date: February 25, 2010</td> </tr> <tr> <td>Name: Masahisa Yanaguchi</td> <td>Telephone: </td> </tr> <tr> <td colspan="2">Title and Company: Chugai Seliyaku Kabushiki Kaisha, Department Manager Intellectual Property Department</td> </tr> </table>		Signature:	Date: February 25, 2010	Name: Masahisa Yanaguchi	Telephone: 	Title and Company: Chugai Seliyaku Kabushiki Kaisha, Department Manager Intellectual Property Department									
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<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>															
<p><input checked="" type="checkbox"/> *Total of 1 forms are submitted.</p>															